Case 15-31594 Document 49 Filed in TXSB on 06/03/15 Page 1 of 6

Fill in this infor		lentify your case:	Wallace	1					
Debtor 1	David First Name	Gordon Middle Name	Wallace, Last Name	Jr.		Che	ck if this is:		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			$\overline{\mathbf{A}}$	An amended filing		
United States Ban			DISTRICT OF TE	XAS			A supplement showing post-petition		
Case number	15-31594-			_			chapter 13 income as of the following date:		
(if known)							MM / DD / YYYY		
Official Form E	<u> 8 61</u>								
Schedule I: Y	our Incon	1е				and Married	12/13		
responsible for sup include information about your spouse. your name and case	plying correct about your sp If more space	information. If you are ouse. If you are separe is needed, attach a se town). Answer every q	married and not the married and your spoot parate sheet to the	filing use i	jointly, and s not filing v	your: with y	I Debtor 2), both are equally spouse is living with you, ou, do not include information any additional pages, write		
Fill in your emp		ymone							
information.			Debtor 1				Debtor 2 or non-filing spouse		
If you have more job, attach a ser	arate page	Employment status	☑ Employed			Employed			
with information about additional employers.		Occupation	Not employed Parttime Consultant				☐ Not employedSenior Living Advisor		
Include part-time	Include part-time, seasonal,					2.5			
or self-employed	d work.	Employer's name	Self Employed				A Place for Mom		
Occupation may student or home applies.		Employer's address	Number Street				1634 Brookstone Lane Number Street		
							Sugar Land TX 77479		
			City		State Zip C	ode	City State Zip Code		
		How long employed to	here?						
Part 2: Give	Details Abo	out Monthly Incom	е						
			n. If you have noth	ing to	report for ar	ny line	e, write \$0 in the space. Include your		
	ng spouse have		er, combine the inf	ormat	ion for all em	ploye	ers for that person on the lines below. If		
,					For Debtor	1	For Debtor 2 or non-filing spouse		
List monthly grayroll deduction would be.	ross wages, sa ns). If not paid	alary, and commissions monthly, calculate what	s (before all the monthly wage	2.	\$5,00	0.00	\$5,000.00		
3. Estimate and li	st monthly ove	ertime pay.		3. •	+\$	0.00	\$0.00		
4. Calculate gros	s income. Add	d line 2 + line 3.		4.	\$5,00	0.00	\$5,000.00		

Official Form B 6I

Debi	tor 1	David	Gordon	Wallace, Jr.		Case numl	ber (if known)	<u>15-315</u>	594-H4-7
	,	First Name	Middle Name	Last Name					
					F -	For Debtor 1	For Debtor 2 non-filing spe		
	Cor	w line 4 here	papagaana ang ang ang ang ang ang ang ang a	-	4.	\$5,000.00	\$5,000.	.00	
5.	-	ali payroli dedu		_		77,777	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
••			, and Social Security deduct	dons	5a.	\$0.00	<u>\$0.</u>	.00	•
			stributions for retirement pla		5b.	\$0.00	\$0.	.00	
	5c.	Voluntary cont	ributions for retirement plan	ns	5c.	\$0.00	\$0.		
		•	yments of retirement fund lo		5d.	\$0.00	<u>\$0.</u>		
	5e.	Insurance			5e.	\$0.00	<u>\$750.</u>		
	5f.	• • •	port obligations		5f.	\$0.00	\$0.		
	5g.				5g.	\$0.00	<u>\$0.</u>	00	
	5h.	Other deduction Specify: Estin	ons. mated Taxes / Estimated	Tax Payments	. 5h.+	\$1,000.00	<u>\$1,000.</u>	.00	
6.	Add 5g -	i the payroll ded + 5h.	luctions. Add lines 5a + 5b	b + 5c + 5d + 5e + 5f +	6.	\$1,000.00	<u>\$1,750.</u>	.00	
7.				otract line 6 from line 4.	7.	\$4,000.00	<u>\$3,250.</u>	.00_	
8.			e regularly received: om rental property and from	operating a	8a.	\$0.00	\$0	.00_	
	= -	business, prof	lession, or farm	• -				_	
			nent for each property and bus ordinary and necessary busin ly net income.						
	8b.	Interest and di	vidends		8b.	\$0.00	\$0	.00	
	8c.	Family support dependent reg	t payments that you, a non- jularly receive	filing spouse, or a	8c	\$0.00	\$510.		
		Include alimony	y, spousal support, child support, and property settlement.	ort, maintenance,					
	8d.	Unemploymen	nt compensation		8d.	\$0.00	\$0	.00	
		Social Security			8e.	\$0.00		.00	
	8f.	-	nent assistance that you reg						
		cash assistance	ssistance and the value (if kno e that you receive, such as for the Supplemental Nutrition A	od stamps					
		or housing subs		solomiles i regress,					
		Specify:			8f.	\$0.00	\$0	.00	
	8g.	Pension or ret	irement Income		- 8g.	\$0.00	\$0	.00	
	8h.	Other monthly Specify:	income.		8h. 🚣	\$0.00		.00	
_		· · · —			- ' ₋			_	
9.	Ado	I all other incom	ne. Add lines 8a + 8b + 8c +	8d + 8e + 8f + 8g + 8h.	9. [\$0.00	\$510	.00	
10.			income. Add line 7 + line 9. ne 10 for Debtor 1 and Debtor		10.	\$4,000.00	+ \$3,760	0.00	\$7,760.00
11.	Incl		siar contributions to the expe s from an unmarried partner, r				r roommates, a	nd other	
	Do	not include any a	amounts already included in li	nes 2-10 or amounts the	ıt are nc	ot available to pay e	xpenses listed	in Sched	lule J.
	Spe	ecify:						11. +	\$0.00
12.	Adr	d the amount in	the last column of line 10 to	the amount in line 11.	The re	sult is the combined	d monthly	12.	\$7,760.00
	Income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies.								Combined
		• •		monthly income					
13.	_	·	ncrease or decrease within						
		The second secon	Mr. Wallace is currently s						
	Ø		income from consulting thas an opportunity for co			ling spouse's inc	ome began	on Marc	:h 16, 2015 ana

Case 15-31594 Document 49 Filed in TXSB on 06/03/15 Page 3 of 6

F	ill in this inform	nation to identi	fy your case:			Cha	ck if this	ı ie:	
Г	Debtor 1	David	Gordon		ce, Jr.		An ame	ended filing	
1		First Name	Middle Name	Last Na	eme			lement showing ; r 13 expenses as	
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Na	ume		•	ng date:	
1		ruptcy Court for the	SOUTHERN DIST	RICT O	FTEXAS	1	MM / D	D/YYYY	-
	Case number	15-31594-H4-7					A sepa	rate filing for Det	
L	(if known)]	Debtor	2 maintains a se	parate household
<u>O</u> 1	fficial Form B	<u>6J</u>							
Sc	chedule J: Yo	our Expense	s		_				12/13
CO	rrect information. I	f more space is no	le. If two married peo eded, attach another wer every question.						
P	art 1: Descr	lbe Your House	hold						
1.	is this a joint cas	67	•						
	☐ No	Debtor 2 live in a s	eparate household?	J.					
2.	Do you have dep	endents?	No						
	Do not list Debtor Debtor 2.	1 and			Dependent's relationship to Debtor 1 or Debtor 2		p to	Dependent's age	Does dependent live with you?
	Do not state the				Spouse			42	□ No □ Yes
	Do not state the dependents' name	98.			Step-Daughter			11 No Yes	
					Step-Daughter			9	No ✓ Yes
									No No
									Yes
	_				•			· 	Yes Yes
3.	Do your expense expenses of peopyourself and you	ple other than	☑ No □ Yes						
	Part 2: Estima	ate Your Ongoi	ng Monthly Expe	nses					
to	report expenses as	of a date after the	kruptcy filing date uni bankruptcy is filed.						
) form and fill in the Liuda expenses pair	• •	h government assista	nce if voi	t know the velue of				
			n Schedule I: Your Inc					Your expens	es
4.	4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.								
	If not included in line 4:								
	4a. Real estate t	8xes						48	
	4b. Property, hor	meowner's, or rente	r's insurance					4b	
	4c. Home mainte	enance, repair, and	upkeep expenses					4c	\$100.00
	4d. Homeowner's association or condominium dues							4d	\$66.00

Deb	tor 1	David	Gordon	Wallace, Jr.	Case number (if known)	15-31594-H4-7
		First Name	Middle Name	Last Name .		
					Your	expenses
5.	Add	litional mortgage	payments for your resid	dence, such as home equity loans	5	
6.	Util	ities:				
	6a.	Electricity, heat, r	natural gas		6a	\$230,00
	6b.	Water, sewer, ga	rbage collection		6b	\$145.00
	6c.	Telephone, cell p	hone, internet, satellite, a	and	6c	\$200.00
	6d.	Other. Specify:		·	6d	
7.	Foo	d and housekeep	oing supplies		7.	\$580.00
8.	Chi	dcare and childre	en's education costs		8	
9.	Clo	thing, laundry, an	d dry cleaning		9	\$100.00
10.	Per	sonal care produc	cts and services		10.	\$25 .00 -
11.	Med	lical and dental e	xpenses		11.	\$100.00
12.	Tra	nsportation. Inclu . Do not include c	ide gas, maintenance, bu ar payments.	s or train	12.	\$250.00
13.	Ent	ertainment, clubs gazines, and book	, recreation, newspaper	75,	13	\$75.00
14.			ons and religious donat	ions	14	\$100.00
15.		rance.				
	Do	not include insurar	nce deducted from your pa	ay or included in lines 4 or 20.		
	15a	. Life insurance			15a	\$200.00
	15b	. Health insurance	æ		^{15b.} _	
	15c	. Vehicle insuran	ice		15c	\$337.00
	15d				15d	
16.	Tax Spe	es. Do not inclu cify:	de taxes deducted from y	our pay or included in lines 4 or 20.	16	
17.	Inst	allment or lease (payments:			
	17a	. Car payments f	or Vehicle 1 2012 Toy	rota - [Wife's Vehicle]	17a	\$471.00
	17b	. Car payments f	or Vehicle 2 Daughter	r's Vehicle	17b	\$320.00
	17c	. Other. Specify:	2010 Buick Enclave		17c	\$359.30
	17d	. Other, Specify:	:		17d	
18.			imony, maintenance, and pay on line 5, Schedule	18	\$1.250.00	
		nony Payments		,		
19.	Oth Spe	er payments you cify:	make to support others	who do not live with you.	19 .	
20.	Oth	er real property e edule I: Your Inco	xpenses not included ir	n lines 4 or 5 of this form or on		
	20a	. Mortgages on o	ther property		20a	
	20b	. Real estate taxe	es		20b	
	20c	. Property, home	owner's, or renter's insura	ance	20c	
	20d	. Maintenance, re	epair, and upkeep expens	ses	20d	
	20e	. Homeowner's a	ssociation or condominiu	m dues	20e.	•

Deb	tor 1 👖	David	Gordon	Wallace, Jr.	Case number (if known)	<u>15-31594-H4-7</u>
	F	First Name	Middle Name	Last Name		
21.	Other	r. Specify:	:		21. +_	
22.			xpenses. Add lines 4 through in monthly expenses.	21.	22	\$7,758.30
23.	Calcu	ılate your	monthly net income.			
	23a.	Copy line	12 (your combined monthly inco	me) from Schedule I.	23a	\$7,760.00
	23b.	Copy you	r monthly expenses from line 22	above.	23b	\$7,758.30
	23c.		your monthly expenses from you t is your monthly net income.	monthly income.	23c	\$1,70
24.	Do yo	ou expect	an increase or decrease in you	r expenses within the year a	fter you file this form?	
			you expect to finish paying for yease or decrease because of a m			
		No				
	Ø,				pport as that is all he can affo	rd. As soon as he is
		L				

Official Form B 6J Schedule J: Your Expenses page 3

88 Gedarates (Ottoba Form 6 - Conteration) (12507) In re-David Gordon Wallace, Jr.

Case No. <u>18-31894-114-7</u> @ knows)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

Declaration under peralty of persury by inerhouse decisor

I decise under penalty of poducy that I have read the a sheets, and that they are true and correct to the best of my	bragoing summary and echeckdes, consisting of
Date 28May 2015	Stonsture David Gordon Wallace, Jr.
Date	Signature
	[N joint case, both spouses must sign.]